

Sixth Annual

Tools for Life 2010

Secondary Transition & Technology Fair



March 1-2, 2010

**Doubletree Riverside Hotel
2900 Chinden Blvd.
Boise, Idaho**

Sponsored by:

The Idaho State Department of Education, the Idaho Assistive Technology Project,
the Center on Disabilities and Human Development, the Idaho Council on Developmental Disabilities, and the Idaho
Interagency Council on Secondary Transition



CENTER ON DISABILITIES AND
HUMAN DEVELOPMENT
live learn work play
University of Idaho
College of Education



Conference Overview

The Idaho Interagency Council on Secondary Transition invites you to attend the sixth annual ***Tools for Life: Secondary Transition and Technology Fair*** on March 1-2, 2010 at the Doubletree Riverside Hotel in Boise, ID.

Tools for Life is for anyone who has an interest in supporting individuals with disabilities as they transition from school to life. This includes secondary educators, post-secondary educators, special educators, therapists, counselors, service providers, job developers, other rehabilitation specialists, and **especially high school students with disabilities** and their families. Throughout the two-day event, there will be presentations by regional and national experts on issues surrounding secondary transition and assistive technology.

An Exhibitor Hall will be open both days to allow agencies and vendors the opportunity to promote their organizations, share resources, and showcase their newest products.

Space is limited! Last year the conference filled up and we had to turn people away! Register early in order to guarantee your spot at this event.

The Tools for Life Fair is sponsored in part by the Idaho State Department of Education, the Idaho Assistive Technology Project at the Center on Disabilities and Human Development, and the Idaho Council on Developmental Disabilities, and the Idaho Interagency Council on Secondary Transition.

Fair Presentations

The conference will feature a combination of keynote speakers and breakout sessions. Presentations will focus on supporting students who are transitioning to life beyond high school. Participants are invited to attend the breakout sessions of their choice.

Breakout sessions will include presentations from:

- Assistive Technology Vendors and Professionals
- Idaho Council on Developmental Disabilities
- Idaho Institutions of Higher Education (Recruitment and Student Support Services)
- Idaho State Agencies
- And Many More!!

This year we will again be offering a **Youth Personal Finance** session featuring real life situations and practical, hands-on activities for students. It was a huge hit at our conference last year! Watch for more details about signing up for this session.

Watch for the Presentation Schedule to be listed on the IATP website at www.idahoat.org.

Visit the Exhibit Hall

Come to the Exhibit Hall to visit with assistive technology vendors and numerous Idaho agencies & organizations. Find out what resources are available to help meet the needs of transitioning students. The Exhibit Hall will be open from 9:00am - 4:00pm each day.

Registration

Registration is \$75.00 per person. This fee covers conference admission and lunch on both days. **An early-bird rate of \$50 will be given to all attendees who register and pay by January 15, 2010.** Stipends are available for students who wish to attend. To register, complete and return the enclosed registration form and registration fee to: *IATP, 129 West Third Street, Moscow, ID 83843* or by faxing the registration form (both sides) to (208) 885-3628. Please contact our office if you need additional copies of the registration form.



Stipends Available for Students

Stipends are available for transitioning high-school students who wish to attend the fair. The stipend will cover the student's registration fee and lodging expenses (if needed). To request a stipend, please check (✓) the student stipend box on the registration form. For stipend questions, contact Irene Lunsford at irenel@uidaho.edu or 1-800-432-8324.

Credit Available

University of Idaho academic credit (1.0) will be offered, **requiring attendance on BOTH days.** CEU's will also be available. Credit fees may be paid on-site and are separate from the registration fee.

Lodging

If you are an out-of-town guest, you can make lodging reservations at the **Doubletree Riverside Hotel** by calling (208) 343-1871. You must mention the "Tools for Life Fair" when making your reservations in order to receive the conference rate. If your student is receiving a stipend, please contact the IATP for your hotel reservations.



Monday Night Social for Young Adults!

All young adults are invited to attend a pizza party and dance social on Monday night at 6:00 pm. The evening will include live music, dancing, karaoke, and more!

Tools 2010 Keynote Speakers

Sarah Vazquez

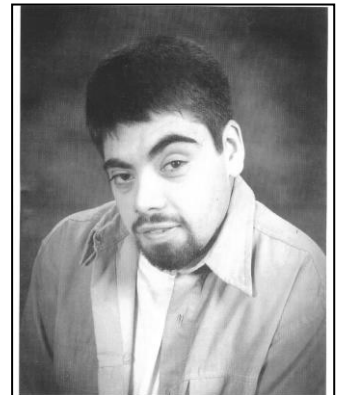


Sarah Helena Vazquez was born and raised in Newark, NJ. She was diagnosed with Cerebral Palsy at the age of four. Sarah's mother raised her mindful of two major facts: that rice and beans could not be missing from the dinner table due to her Puerto Rican culture, and that she could do anything she put her mind to. Proud to have been educated within the Newark Public School system, Sarah is a graduate of Rutgers University. She earned her BA degree in Psychology and English. Currently, she is a Support Coordinator for Neighbours Inc. Sarah is also editing her first autobiography. She has been the keynote speaker and Master of Ceremony at several events which include the Dare to Dream Youth Leadership Conferences, John F. Kennedy's graduation, Shabazz's High School graduation, the Latino with Disabilities Employment Conference, Secondary Transition State Planning National Institute, New Jersey City University, New Jersey Coalition for Inclusive Education Annual Conference, SPAN's Regional Conference, and NJ State conference on Recreation. Sarah sits on the Boggs Center Advisory Board as well as the National Youth Leadership Consortium. In addition, Sarah has been a freelance writer for the World Institute on Disabilities of Oakland, CA. Sarah bases her achievements on two major factors - having dreams and following her dreams on a full

stomach.

Michael Beers

Michael Beers is a comedian who happens to have a disability, Vaters Syndrome. He has been doing stand-up comedy for the past several years, winning the 2003 Brickwall Comedy Competition in Spokane, WA, and the 2005 Norman G. Brooks Comedy competition at the Hollywood Improv. Michael is an advocate for others with disabilities. He serves as a delegate and staff for the Montana Youth Leadership Forum and was appointed to the *President's Taskforce on Employment of Adults with Disabilities Youth Advisory Council*. He was the President of *Alliance for Disability and Students of the University of Montana* (ADSUM), a student disability rights group, and is currently on the Governing Board for the National Youth Leadership Network (NYLN). Michael works part-time as a Peer Advocate for Summit Independent Living Center in Missoula, Montana.



Logan Olson



In 2001, at age sixteen, Logan Olson sustained a traumatic brain injury. After a long hospital stay and journey through rehabilitation, the teenager arrived home to face the day-to-day process of recovery. Logan and her mother, Laurie, quickly began a quest for knowledge seeking out tips, advice, and assistive technology to support Logan with daily life. The information was very difficult to find. While wading through a multitude of grim details and overwhelming obstacles, Logan decided to create a magazine for fun. *Logan Magazine* began in 2004 as a joint venture between Logan and Laurie. With much help and a lot of hard work, Logan's dream came true. The premier issue of *Logan Magazine* launched in November 2006.

University of Idaho
Tools for Life Fair ♦ March 1-2, 2010 ♦ Boise, Idaho

Registration / Stipend / Waiver Form

Signatures on back of page are required prior to attendance at Program.

Name	First:	Last:																		
Organization / School																				
Grade (if student)	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female																		
Address	Street:																			
	City, State:	Zip:																		
Phone	Work:	Home:																		
E-mail Address																				
Type of Attendee	<input type="checkbox"/> Student <input type="checkbox"/> Educator <input type="checkbox"/> Professional <input type="checkbox"/> Family Member <input type="checkbox"/> Presenter <input type="checkbox"/> Exhibitor <input type="checkbox"/> College Mentor																			
Disability (if applicable)																				
Accommodations (ASL Translation, Braille, large print, food allergies, etc.)																				
Payment / Stipend (must select one)	<input type="checkbox"/> \$50.00 Registration fee enclosed (if received by January 15 th) <i>checks made payable to CDHD</i> <input type="checkbox"/> \$75.00 Registration fee enclosed (if received after January 15 th) <i>checks made payable to CDHD</i> <input type="checkbox"/> Requesting Student Stipend (students only) <u>Credit Card payment option:</u> <i>(Visa, Discover, or Mastercard only)</i> Cardholder Name: _____ Cardholder Address: _____ Card Number: _____ exp. date: _____ Total Amount to be charged to this card: \$ _____																			
Emergency contact(s) & Insurance info	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">NAME:</td> <td>Relationship:</td> </tr> <tr> <td>PHONES:</td> <td>WORK:</td> <td>CELL:</td> </tr> <tr> <td colspan="2">NAME: (if needed)</td> <td>Relationship:</td> </tr> <tr> <td>PHONES:</td> <td>WORK:</td> <td>CELL:</td> </tr> <tr> <td colspan="3">Medical insurance company name:</td> </tr> <tr> <td colspan="3">Policy number:</td> </tr> </table>		NAME:		Relationship:	PHONES:	WORK:	CELL:	NAME: (if needed)		Relationship:	PHONES:	WORK:	CELL:	Medical insurance company name:			Policy number:		
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Policy number:																				
<p>PLEASE NOTE: Hospital requires Social Security numbers before providing treatment and suggests that participants bring a copy of their insurance card. Participants are covered by an American Income Life accident / illness policy while participating in activities sponsored by our program. In the event of injury or illness arising from participation in program activities, American Income Life must be notified within 20 days of the date of the illness or injury. The Program staff will have information on filing claims. Insurance provided through American Income Life provides only limited protection for injuries or illnesses which occur while participants are participating in program activities, and the participant's family is responsible for all medical expenses not covered by program insurance.</p>																				

Acknowledgement of Risk and Waiver of Liability Parent/Guardian Permission

Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in above named activity ("Program") may include activities that are risky and dangerous. Both participant and their parent(s) / guardians ("I") acknowledge and accept the risks and give permission for participation in the Program. I acknowledge that participation in this Program has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury to myself, or my child, up to and including mortal injury, may occur: academic learning opportunities while on campus or off; field trips; activities supplemental to the Program, such as walking or moving to and from sites of interest, including but not limited to class room or conference center spaces and locations; use or operation, by

This form continues on the back of this page.

INITIAL PAGE 1 HERE:

myself or others, of equipment; physical activities that would involve strenuous exertions of movement and strength using various muscle groups, which could place stress on the cardiovascular and or skeletal systems; being outside or in the presence of inclement weather conditions including, but not limited to, lightening, wind, cold temperatures, and rock fall; contact with plants, animals or other environmental hazards; transit to or from the Program locations and activity locations including but not limited to travel by bus, van or private auto; use of roads, trails, terrain, and other routes in the condition in which they are found; staying overnight on or off campus; rendering of first-aid, emergency treatment or other services; consumption of food or drink; or other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me/my dependant to associate with the program, **I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, The Regents of the UI, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the above named Program.**

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family. I am aware that if I provide a vehicle not owned and operated by the University for transportation to, at, or from the Activity site, or if I am a passenger in such a vehicle, the University is not responsible for any damage caused by or arising from my use of such transportation. Furthermore, I acknowledge that I am solely responsible for any action that I take that is outside the scope of the scheduled Activity activities, regardless if occurring before, during or after the period of the Activity.

I hereby certify that, with or without accommodation, I and/or my dependant is in good health and I know of no medical reason why he/she is not able to participate in this program. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that he/she may sustain while participating in any Program associated with the above named Program.

I understand that any insurance provided through this program provides only limited protection for injuries which occur while participation and that I am responsible for all medical expenses not covered by program insurance. Program insurance is provided by an American Income Life camp accident policy.

I accept and will abide by the University of Idaho Policies listed in the Policies and Interest to Student Brochure, which is available on-line at www.webs.uidaho.edu/riskmanagement or by contacting Risk Management at (208) 885-7177. I accept and will abide by the behavioral expectations of the sponsoring program, applicable city, state and federal laws, and the policies and procedures of the University of Idaho. I understand that disregard for University of Idaho policies and applicable laws may be considered grounds for dismissal from Program, and prompt return home at my/parent expense.

I agree that you may photograph my child during, and in connection with, the Program. I agree that you shall be the exclusive owner of the photograph and all copyright and other rights of the photograph. I agree that you may use the photograph in any media you wish related to the University of Idaho Program.

IF YOU DO NOT GIVE PERMISSION TO PHOTOGRAPH YOUR CHILD, CHECK HERE ☐

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE

Participant's Name (Please print):

Participant's Signature:

Date: _____

PARENT / GUARDIAN SIGNATURE

Parent /Guardian Name (Please print):

Parent/Guardian Signature:

Date: _____

SIGN AND RETURN this form to IATP, 129 W. Third Street, Moscow, Idaho 83843 or fax to (208) 885-3628.

Questions? Please call us at 1-800-432-8324. For information about being a vendor or presenter, contact Sue House at (208) 885-3771 or sueh@uidaho.edu. For information about registration and student stipends, contact Irene Lunsford at (208) 885-3500 or irenel@uidaho.edu.

UNIVERSITY OF IDAHO
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Idaho Assistive Technology Project
Center on Disabilities & Human Development
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**Tools for Life 2010
is returning to
Boise!**

